

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: _____		2 Serial/Patent #, <b>10522331</b>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$	
		8 TO BE REFUNDED BY:			
		Treasury Check			
10 REASON:		Credit Deposit A/C #:			
	Overpayment	<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 20%; text-align: center;">--</div> <div style="width: 40%;"></div> </div> </div> </div>			
	Duplicate Payment				
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: _____			TITLE: _____		
SIGNATURE: _____			PHONE: _____		
OFFICE: _____			<div style="font-size: small;">             Repln. Ref: 06/09/2005 PKIDWELL-0011521200              DHH:032460 Name/Number: 10522331              \$250.00 CR           </div>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**